

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 046 ***150.00

DOCUMENT # P03 000058163

1. Entity Name

MACHILL, INC.



DO NOT WRITE IN THIS SPACE

20037005

2. Principal Place of Business

6012 WILLIAMSBURG WAY

Suite, Apt. #, etc.

3. Mailing Address

6012 WILLIAMSBURG WAY

Suite, Apt. #, etc.

16 DAVID WHITEHILL

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. FEI Number

37-1468129

Applied For

☐ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DAVID G. WHITEHILL

Street Address (P.O. Box Number is Not Acceptable)

6012 WILLIAMSBURG WAY

City

TAMPA

FL

Zip Code

33625

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David G. Whitehill

Signature, typed or printed name of registered agent and title if applicable.

DAVID G. WHITEHILL, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/14/05

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME DAVID G. WHITEHILL
STREET ADDRESS 6012 WILLIAMSBURG WAY
CITY-ST-ZIP TAMPA, FL 33625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/S
NAME KATNY I. MACDONALD
STREET ADDRESS 6012 WILLIAMSBURG WAY
CITY-ST-ZIP TAMPA, FL 33625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

David G. Whitehill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. WHITEHILL

DATE

(813) 908-9433

Daytime Phone #

CR2E034B (12/02)